



STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
DIVISION OF REGULATORY BOARDS
PRIVATE PROTECTIVE SERVICES
DAVY CROCKETT TOWER, 2ND FLOOR
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243-1158
(615) 741-6382 FAX: (615) 532-2965
www.state.tn.us/commerce/boards

TENNESSEE PROPRIETARY SECURITY ORGANIZATION

NOTICE OF SUBMISSION INSTRUCTIONS

T.C.A. § 62-35-123

READ AND COMPLETE EACH PORTION OF THE ATTACHED FORM CAREFULLY.

It is unlawful for any person to act as a **Proprietary Security Organization** in the State of Tennessee without first having notified the Commissioner, in writing, and providing proof of the required insurance coverage as defined in T.C.A. § 62-35-114.

- Before proceeding, read the enclosed copy of the Tennessee Private Protective Security Law and Administrative Rules.
- Complete each portion of the application carefully.
- If you fail to respond within the prescribed time to any correspondence from this office requiring more information, your application will be **closed** or **denied**.

APPLICANTS MUST SUBMIT:

- The enclosed form is to be **completed and signed** by the Qualifying Manager, an authorized representative, agent, or manager employed with the private business filing for registration as a **Proprietary Security Organization**.
- **Submit the required insurance certificate with the attached completed submission form.** The insurance certificate must list Tennessee Private Protective Services as the certificate holder, and must provide that notice be forwarded to Tennessee Private Protective Services thirty (30) days prior to such action should the insurance be modified or canceled.
- **Your certificate of insurance** should be filed on a **STANDARD ACORD 25 OR ACORD 25S CERTIFICATE OF INSURANCE FORM.**

NOTE: This submission is not an application for a license and one will not be issued. Your Proprietary Security Organization will receive correspondence from this office acknowledging your compliance.



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PLEASE TYPE OR PRINT WHEN COMPLETING THIS FORM

1. Provide full legal name of the business, company or organization:

Company Name

Mailing Address

City

State

Zip

Business Address

City

State

Zip

Business Phone Number

Business Fax Number

Business Web Site Address (If Available)

2. Type of organization:

☐

Sole Proprietorship

☐

Partnership (List Full Name of all partners)

☐

Limited Liability Company (LLC)

Date qualified to do business in Tennessee: _____

☐

Corporation

Date qualified to do business in Tennessee: _____

☐

Association

☐

Other: (Please Describe)

3. Qualifying Manager/Authorized Representative:

Last Name

First

Middle

Title

Residence Address

City

State

Zip

Home Telephone Number

Business and/or Personal Email Address (If Available)

4. HOW MANY security guards/officers will be employed at this business location?

Unarmed _____ Armed _____ Full-time, Sworn Police Officers _____

***T.C.A. § 62-35-103(7)** States that full-time sworn peace officers receiving compensation for services as a guard, patrol, or watchperson under a contract with a private business which is properly licensed by the state are exempt from registration as a security guard/officer.*

5. Have all of your security guards/officers (except full-time sworn Peace Officers) registered or submitted an application for registration to this office as required? Yes ☐ No ☐
Please note these employees may not work as a guard/officer until application is made to this office or registration card is issued.

6. Have you read the Tennessee Private Protective Security Services Laws and Administrative Rules, and do you understand your duties and responsibilities? Yes ☐ No ☐

7. Does your Company have other locations or branch offices providing Proprietary Security in Tennessee? Yes ☐ No ☐

IF YES,

a. How many other locations or offices exist within the State of Tennessee under your name or control? _____

Please provide a complete list of ALL business locations noting business name, street address, mailing address, area code and telephone number, and the manager's or administrators' name for each location. (Attach a separate listing.)

b. State the TOTAL NUMBER of security guards/officers at all other locations in Tennessee _____

By filing this Notice of Submission, I/We understand that I/We may not employ or seek to employ any person as a security guard/officer unless such person holds a valid registration card, has an application for registration on file with the State of Tennessee, or is exempt under **T.C.A. § 62-35-103**.

Therefore, as directed by **T.C.A. § 62-35-101 et. seq.**, and all applicable Administrative Rules, I/We do hereby file this Notice of Submission in accordance with the Tennessee Private Protective Services Licensing and Regulatory Act. Further, I/We do declare and agree to abide by all applicable statutes and rules, existing or enacted. Having all these evidences in place, I/We do hereby file this Notice of Submission.

Signature of Qualifying Manager/Authorized Representative

Title

Date

REMINDER: A properly executed and compliant ACORD Certificate of Insurance Form 25 or 25S must accompany this NOTICE OF SUBMISSION.

Please retain a completed copy of this submission form for your records.